POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	-16		7-23-01
O I.P.E. CLASSIFIER			
FORMALITY REVIEW		15 31	16-61
RESPONSE FORMALITY REVIEW	<u>v</u>	+	

INDEX OF CLAIMS

✓ Rejected	N
= Allowed	I riterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Claim	Date	Claim	Date	Clair	Date
Final Final State of		Final		Final Original	
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28		78		128	
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32 +	+++++	82		132	
34		84		1,4	
in line		86		136	
37		88		137	+
40		89 90		139	
41		9:		141	
42		92		14.3	
44		94		144	
45		95	 	145	
48		97		14.7	
4.4		99	 - - - - - - - - - -	148	
50		100		150	

7c/go

If more than 150 claims or 10 actions staple additional sheet here

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